



06-20-05

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |  | Application Number     | 10/010389-Conf. #4465 |
|   |  | Filing Date            | November 8, 2001      |
|   |  | First Named Inventor   | Matthew BECKER        |
|   |  | Art Unit               | 2183                  |
|   |  | Examiner Name          | T. L. Meonske         |
| Total Number of Pages in This Submission  |  | Attorney Docket Number | SMQ-143/P6594         |

**ENCLOSURES (Check all that apply)**

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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <b>Remarks</b><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">The PTO did not receive the following listed item(s) <u>Fee Transmittal form</u></div>  |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP |          |        |
| Signature    |                         |          |        |
| Printed name | Vincent P. Loccisano    |          |        |
| Date         | June 17, 2005           | Reg. No. | 55,397 |

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Dated: June 17, 2005

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